

Clinical Practice Advisories: January 2013- December 2013

Board Advisory Date:	
<u>January 17, 2013</u>	
APRN scope of practice to provide deep sedation	<p>Question: Is it within APRN scope of practice to provide deep sedation in hospital setting?</p> <p>Answer: Board consensus that APRN's can provide deep sedation in hospital setting with appropriate education and competencies.</p>
LNA scope of practice to empty supra-public catheter	<p>Question: Is it within LNA scope of practice to empty supra-public catheter when it is clamped off and not attached to drainage bag?</p> <p>Answer: Board opined that it is NOT within LNA scope of practice to empty supra-public catheter.</p>
LPN scope of practice to pronounce death	<p>Question: Is it within LPN scope of practice to pronounce death?</p> <p>Answer: Board opined that it is NOT within LPN scope of practice to pronounce death pursuant to RSA 290:1-b.</p>
RN scope of practice to dispense contraception	<p>Question: Is it within RN scope of practice to dispense emergency contraception in absence of pharmacist on site and without provider's request?</p> <p>Answer: Board consensus that it is not within RN scope of practice to dispense emergency contraception.</p>
RN scope of practice to perform x-ray	<p>Question: Is it within RN scope of practice to perform x-ray in office setting?</p> <p>Answer: Board opined that with proper education (including education on radiation safety), training and competency, it is within RN scope of practice to perform x-ray as directed.</p>
RN scope of practice to administer anesthesia drugs	<p>Question: Is it within RN scope of practice to administer Ketamine for pain control?</p> <p>Answer: Reaffirmed opine of 9/27/2012 that consistent with common nursing practice, if prescribed by physician at sub-anesthetic doses, RN may monitor patients receiving medication via infusion pump. Board re-opined decision at May 19, 2005 meeting that anesthesia drugs (propofol, brevitol and etomidate) are within scope of practice of CRNAs. Administration of anesthesia drugs is outside scope of practice for non-anesthesia nursing licenses except under following situations:</p> <ol style="list-style-type: none"> 1. When assisting CRNA or anesthesiologist (or student anesthetist or anesthesiologist.) 2. For intubated patients in ICU setting. 3. When assisting in emergency situations. 4. When providing palliative sedation.
Nurse delegation of medication administration to non-licensed personnel	<p>Question: Board reviewed nurse delegation of medication administration to non-licensed personnel: Nurses working with developmentally disabled and nurses working in the school system.</p>

	<p>Answer: Board affirmed that nurses can delegate according to NCSBN Five Rights of Delegation, which include:</p> <ol style="list-style-type: none"> The right task The right circumstance The right person The right direction/communication The right supervision <p>The “stable client” means a client whose health status is under control and raises no expectation that client’s symptoms, vital signs or reactions to medications will suddenly change as defined in Nur101.19.</p>
RN scope of practice to flush epidural line or administer narcotics via epidural catheter	<p>Question: Is it within RN scope to flush epidural line on pregnant patient and is it within scope to administer narcotics via epidural catheter for post-partum patient?</p> <p>Answer: Board opined that it is not within RN scope of practice to flush epidural line and it is within RN scope of practice to monitor/administer narcotics via established epidural catheter utilizing pump with training and competencies. Direct injection of narcotic into epidural line is not within RN scope of practice.</p>
LNA scope of practice to clamp NG tube	<p>Question: Is it within LNA scope of practice to clamp NG tube or perform other functions associated with NG tubes. Also, is it within LNA scope of practice to insert rectal tube?</p> <p>Answer: Board opined that it is not within scope of practice for LNA to clamp NG Tube or perform other functions associated with NG tubes based on need for assessment. It is not within LNA scope of practice to insert rectal tubes.</p>
<u>February 21, 2013</u>	
LPN Scope of practice to Administer monoclonal antibodies	<p>Question: Is it within LPN scope of practice to administer Orencia or Tysabri via running IV line?</p> <p>Answer: Board affirmed that it is NOT within LPN scope of practice to be responsible for administration of monoclonal antibodies. These medications require more than a focal assessment of patient relating to reactions and symptoms which is what is allowed under RN scope of practice.</p>
RN Scope of Practice to prepare bone marrow biopsy blood smear	<p>Question: Is it within RN scope of practice to prepare bone marrow biopsy blood smear slides?</p> <p>Answer: Board consensus that it is within RN scope of practice to prepare slides while in performance of patient care.</p>
LNA scope of practice to apply AFOs, DAFOs, TLSOs, etc.	<p>Question: Is it within LNA scope of practice to apply AFOs, DAFOs, TLSO, etc. in homecare?</p> <p>Answer: Board consensus that it is NOT within LNA scope of practice. Application of this equipment requires assessment which is not within LNA scope.</p>
LNA scope of practice to	<p>Question: Is it within LNA scope of practice to collect flu swabs</p>

<p>collect flu swabs and Rapid Strep swabs</p>	<p>and Rapid Strep swabs? Answer: Board consensus that these procedures need some level of assessment; therefore, it is not within LNA scope of practice.</p>
<p><u>March 21, 2013</u></p>	
<p>RN scope of practice to insert advanced airway</p>	<p>Question: Can RN insert advanced airway (LMA or Endotracheal Tube) into adult, adolescent, pediatric patient? Answer: After careful reconsideration of issue and information presented by DHART as well as review of AZ BON opine, and after P & E Committee recommendations, Board consensus that it is within RN scope of practice provided following are met:</p> <ol style="list-style-type: none"> Nurse has satisfactorily completed nationally recognized course suitable to age of patient. COURSE OF INSTRUCTION: <ol style="list-style-type: none"> Anatomy and physiology of pulmonary system, pharmacological and patient assessment for basic advanced airway management, didactic and classroom instruction, followed by supervised clinical practice required for intubation. Indications and contraindications for intubation including but are not limited to preparation of patient, equipment set-up and maintenance. Safety measures and management of potential complications and unexpected outcomes, including use of advanced airway devices. Indications and contraindications for selection of proper airway equipment appropriate for age specific populations. Verification procedures to ensure proper placement of airway Nursing care responsibilities and age specific management of intubated patient. Employer maintains written policy which allows nurse to perform procedure and specified method for education and minimum of annual re-demonstration of skill. Documentation of satisfactory completion of agency's instructional program and demonstrated clinical proficiency is on file with employer.
<p>RN scope of practice to perform Rectal Dilatation in home setting</p>	<p>Question: Is it within RN scope of practice to perform Rectal Dilatation in home setting? Answer: Board consensus that it is within RN scope of practice to perform Rectal Dilatation in home setting.</p>
<p>RN scope of practice to insert CVC under ultrasound</p>	<p>Question: Can RN, with training and competency, insert CVC under ultrasound? Answer: Board opined that it is within RN scope of practice to insert CVC under ultrasound with competencies, appropriate setting and facility policy. Refer to AZ BON guidelines with interpretation.</p>

RN scope of practice to inject neuroaxials directly into epidural line	<p>Question: Can RN inject neuroaxials directly into epidural line of post partum surgical patient or post surgical patient?</p> <p>Answer: Similar question posed on February 16, 2006: <i>Can RN give intermittent bolus of Astromorph into epidural line that is being used for pain management after surgery?</i> Board opined it is not within scope. Question revisited at April 20, 2006 meeting and Board opined: <i>RN administration of Astromorph and other neuroaxials is within scope of practice provided Nur 305.01(c) and (d) are followed.</i> After review of previous opine as well as other Board opinions from ME and NE, and after P & E Committee recommendations, Board opined that it is within RN scope to inject neuroaxials directly into epidural line of non-pregnant post-operative patients provided competencies are met.</p>
RN, LPN, or LNA scope of practice to administer PTNS	<p>Question: Can RN, LPN, or LNA administer PTNS (percutaneous tibial nerve stimulation?)</p> <p>Answer: Board opined that administration of PTNS is within RN or LPN scope of practice, but NOT within LNA scope of practice.</p>
RN scope of practice to cannulate external jugular, subclavian or femoral veins	<p>Question: Is it within RN scope of practice, with proper training, to cannulate external jugular, subclavian or femoral veins in emergency situation?</p> <p>Answer: Board reversed previous opinions from 1996 and 2009 and unanimously agreed to allow RN's to cannulate the external jugular, subclavian or femoral veins in emergency situation with proper training and competency.</p>
Nursing scope of practice to perform needle thoracotomy	<p>Question: Is needle thoracotomy within nursing scope of practice to emergently relieve tension pneumothorax?</p> <p>Answer: Board opined it is NOT within RN scope of practice to perform needle thoracotomy to emergently relieve tension pneumothorax.</p>
LNA scope of practice to accept and sign for medications	<p>Question: Is it within LNA scope of practice to accept and sign for medications delivered to facility by pharmacy?</p> <p>Answer: Board opined that it is NOT within LNA scope of practice to accept or sign for meds delivered to facility by pharmacy without MNA certification.</p>
LNA scope of practice to operate cough assist machine or vest therapy	<p>Question: Is it within LNA scope of practice to operate cough assist machine or vest therapy?</p> <p>Answer: Board opined that it is NOT within LNA scope of practice to operate a cough assist machine or vest therapy as nursing assessment is required.</p>
LNA scope of practice to apply intermittent pneumatic devices	<p>Question: Is it within LNA scope of practice to apply intermittent pneumatic devices for edema in bilateral lower extremities?</p> <p>Answer: Board opined that it is within LNA scope of practice to apply intermittent pneumatic devices to lower extremities with education, competency and delegation by licensed nurse.</p>

April 18, 2013

LNA Scope of Practice to perform heel sticks on newborns

Question: Can LNA perform heel sticks on newborns under delegation and with demonstrated competency?

Answer: Board affirmed that it is within LNA scope of practice to perform heel sticks with competencies. This procedure is similar to fingersticks done for blood sugar or for PT/INR testing as addressed in Fall 2000 and August 2005

LPN Scope of Practice to apply and change VAC dressings

Question: Is it within LPN scope to apply and change VAC dressings?

Answer: Board opined that it is within LPN scope of practice to apply and change VAC dressings with education and competencies.

RN Scope of Practice to start Vecuronium drip

Question: Can ICU RN start Vecuronium drip according to standard order set on patient who is intubated and sedated with physician present?

Answer: Board opined that RN can start Vecuronium drip provided there is protocol in place and patient is intubated.

LNA's working with out of state agencies

Question: Can LNA's working with out of state agencies care for clients in NH?

Answer: Board affirmed that LNA's must be licensed in State of NH to provide care for clients residing in NH.

May 16, 2013

RN scope of practice to perform needle decompression

Question: Is it within role and scope of responsibilities of RN to perform needle decompression for tension pneumothorax?

Answer: Board consensus to adopt language of South Carolina Board of Nursing to acknowledge that needle decompression is within role and scope of responsibilities of RN with special education and training in emergent situations to relieve tension pneumothorax. This procedure should be in accordance with standards of Emergency Nurses Association, American Association of Critical Care Nurses, American Academy of Pediatrics, American Heart Association, National Flight Nurses Association with Air-Medical Crew National Standard Curriculum. Recognizing that this responsibility is considered an additional act of RN and requires special education and training, appropriate written policies, procedures, and standing orders should be developed which specify qualifications, special education and training to include didactic and clinical competency verification components, and emergent conditions/specific patient situations wherein RN is authorized to perform needle decompression for tension pneumothorax.

RN scope of practice to draw therapeutic phlebotomy from VAD for treatment of

Question: Is it within RN scope of practice to draw therapeutic phlebotomy from VAD for treatment of hemochromatosis?

Answer: Board opined that drawing therapeutic phlebotomy is

hemochromatosis	within RN scope of practice guided by provider order, policy, procedure, and proof of specialized training and certification by institution.
LPN scope of practice to perform deep suctioning	<p>Question: Is it within LPN scope of practice to perform deep suctioning?</p> <p>Answer: Board consensus that it is appropriate practice for LPNs to perform naso-pharyngeal and oral pharyngeal suctioning. LPN practice may include tracheal suctioning for purposes of maintaining an open airway. It is NOT appropriate practice for LPNs to provide bronchial tree suctioning.</p>
LPN scope of practice to perform X-rays	<p>Question: Is it within LPN scope of practice to perform x-ray in clinical office setting?</p> <p>Answer: Board consensus that performance of X-rays is not within LPN scope of practice.</p>
June 20, 2013	
Reconsideration: LNA scope of practice to apply orthotic braces	<p>Question: Is it within LNA scope of practice to apply Ankle/Foot Orthosis (AFO's) and Thoracic/Lumbar/Sacral Orthotics (TLSO's). in homecare?</p> <p>Answer: Board concluded that these types of orthotic/brace can be applied by LNA with following requirements:</p> <ul style="list-style-type: none"> • Documented training and competency to perform this task and documented training and understanding of what to report if brace is causing any untoward effect for client. • This action is not an independent action but a delegated task with an appropriate order. Brace/orthotic fitting is established by appropriate professional and not determined by the LNA <p>A supervised plan of care is in place.</p>
Clarification: LNA medication handling	<p>Question: Board reviewed request for clarification regarding LNA handling of medication, restocking of medications, retrieval of medications, disposal of IV bags with medications and assisting with holding medication for provider.</p> <p>Answer: Board consensus that ANY tasks that involve medication handling is NOT within LNA scope of practice.</p>
RN scope of practice: Placement of coude catheter	<p>Question: Is it within RN scope of practice to insert coude catheter?</p> <p>Answer: Board consensus that it is within RN Scope of Practice to insert coude catheter with documented training and competency to perform procedure. Provider order is required.</p>
LNA scope of practice: Use of continuous passive motion devices	<p>Question: Is it within LNA scope of practice to:</p> <ol style="list-style-type: none"> 1. Set up continuous passive motion device for post-op orthopedic patients including setting flexion and extension limits 2. Place patient in device once set up (not initial) when patient is being maintained on preset limits.

<p>LPN Scope of Practice: Venipuncture</p>	<p>Answer: Board consensus that it is NOT within LNA scope of practice to set up device including setting flexion and extension limits. It is within LNA scope of practice to place patient in device once settings are established with training and competency. This is a delegated task</p> <p>Question: Is it within LPN scope of practice to perform venipuncture with IV certification? Answer: Board consensus that it is within LPN scope of practice to perform venipuncture with IV certification for the purpose of lab draws.</p>
<p>July 18, 2013</p>	
<p>LNA Scope of practice: Inserting contact lenses</p>	<p>Question: Is it within LNA scope of practice to insert contact lenses in residents' eyes? Answer: Board opined that it is within LNA scope of practice to insert contact lenses.</p>
<p>LNA Scope of practice re: Administration of oxygen</p>	<p>Question: With regard to administration of oxygen:</p> <ul style="list-style-type: none"> • Is it within LNA scope of practice to set flow rate for patient's oxygen? • Is it within LNA scope of practice to turn on machine that has preset flow rate? <p>Answer: Board opined that it is within LNA scope of practice to assist with oxygen therapy in accordance with Nur 404.12. Yes, LNA may set flow rate for stable patient's oxygen with routine order and education, competencies and delegation. Yes, LNA may turn on machine that has preset flow rate.</p>
<p>August 15, 2013</p>	
<p>LPN Scope of practice: Allergy testing</p>	<p>Question: Is it within LPN scope of practice to mix and perform allergy testing? Answer: It is within LPN scope of practice to mix and perform allergy testing provided competencies are met.</p>
<p>LPN Scope of practice: Run flu clinic</p>	<p>Question: Is it within LPN scope of practice to run flu clinic including administering Epi in emergent situation? Answer: Board consensus that it is within LPN scope of practice to run a flu clinic and to administer Epi in an emergency. LPNs, however, work under delegation; there should be some type of standing order signed by a provider regarding the administration of the flu vaccine and a standing order that addresses emergencies where epinephrine is administered. When performing nursing interventions, an LPN is delegated to by RN, APRN, licensed physician or dentist.</p>

September 19, 2013

RN Scope of Practice:
Assisting CNM or CPM in
home birth

Question: Is it within RN scope of practice to be an assistant to CNM or CPM at home birth?

Answer: Board consensus that a registered nurse can take orders and provide care under the auspices of Certified Nurse Midwife, a licensed Advanced Practice Registered Nurse. A registered nurse CANNOT take orders and provide care under the auspices of a Certified Professional Midwife. A CPM is not recognized as a licensed individual that an RN or LPN would take orders from or work with under their scope of practice.

LNA Scope of Practice:
First checks on MAR

Question: Is it within LNA scope of practice to do first checks on MAR? If LNA can transcribe orders, what are consequences if they are not done correctly and how does that affect nurses who sign out medications on MAR if medications are not transcribed correctly?

Answer: Board consensus that it is within scope of practice for LNA to transcribe order but verification of medication orders is not within LNA scope of practice.

RN Scope of Practice:
Advancing colonoscope

Question: Is it within RN scope of practice to advance colonoscope through colon while physician manages only directional knobs on scope during colonoscopy?

Answer: Board referenced Nevada State Board of Nursing Practice Advisory Opinion (adopted March 8, 1996) and standards provided by Society of Gastroenterology Nurses and Associates (SGNA) that states:

The registered nurse is adequately prepared to and may advance or withdraw an endoscope and colonoscope when:

- The RN has completed an appropriate education program including theory and techniques of advancing and withdrawing an endoscope and colonoscope pursuant to Nur 404.12 regarding continued competency;
- The procedure is performed when the RN is visualizing the lumen (e.g. teaching scope or video camera.) The RN is permitted to advance or withdraw a flexible sigmoidoscope without direct visualization;
- The procedure is carried out under the direct supervision of a licensed provider;
- The institution has a written policy identifying the procedure is acceptable practice for the RN.

October 17, 2013

APRN Scope of Practice to
administer botox

Question: Revisited whether or not it is within APRN scope of practice to administer botox for hyperhidrosis (excessive underarm sweating) and also to supervise RNs for same.

Answer: Board reaffirmed that it is within APRN scope of practice to administer Botox with competencies. It is within RN scope of

<p>December 19, 2013</p> <p>LNA Scope of Practice to apply pressure to arterial line.</p>	<p>practice to administer Botox with proper training, competency and facility policy.</p> <p>Question: Is it within LNA scope of practice to apply pressure to arterial line once it has been discontinued by RN?</p> <p>Answer: Board affirmed that it is NOT within LNA scope of practice to apply pressure to arterial line.</p>
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